

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10812950

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                          |              |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS                     | 42                       |              |
| FOR                              | NUMBER FILED             | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | 42 minus 20 =            | 22           |
| INDEPENDENT CLAIMS               | 4 minus 3 =              | 1            |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |              |

• If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE |        | OTHER THAN SMALL ENTITY |        |
|-------------------|--------|-------------------------|--------|
| RATE              | FEES   | RATE                    | FEES   |
| BASIC FEE         | 385.00 | OR BASIC FEE            | 770.00 |
| X\$ 9=            |        | OR X\$18=               | 396    |
| X43=              |        | OR X86=                 | 86     |
| +145=             |        | OR +290=                |        |
| TOTAL             |        | OR TOTAL                | 1252   |

## CLAIMS AS AMENDED - PART II

6/25/05

(Column 1) (Column 2) (Column 3)

| SMALL ENTITY     |                | OTHER THAN SMALL ENTITY |                |
|------------------|----------------|-------------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                    | ADDITIONAL FEE |
| X\$ 9=           |                | OR X\$18=               |                |
| X43=             |                | OR X86=                 |                |
| +145=            |                | OR +290=                |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE     |                |

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | 42    | Minus                              | =                        |
| Independent                                    | 4                                | Minus | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | 10    | Minus                              | =                        |
| Independent                                    | 1                                | Minus | 4                                  | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

| RATE ADDITIONAL FEE |  | RATE ADDITIONAL FEE |  |
|---------------------|--|---------------------|--|
| X\$ 9=              |  | OR X\$18=           |  |
| X43=                |  | OR X86=             |  |
| +145=               |  | OR +290=            |  |
| TOTAL ADDIT. FEE    |  | OR TOTAL ADDIT. FEE |  |

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | Minus | =                                  | =                        |
| Independent                                    | Minus                            | ***   | =                                  | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

| RATE ADDITIONAL FEE |  | RATE ADDITIONAL FEE |  |
|---------------------|--|---------------------|--|
| X\$ 9=              |  | OR X\$18=           |  |
| X43=                |  | OR X86=             |  |
| +145=               |  | OR +290=            |  |
| TOTAL ADDIT. FEE    |  | OR TOTAL ADDIT. FEE |  |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.